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## Thiomersal in vaccines does not cause autism, US claims court finds

Clare Dyer **BMJ**

A claim that the mercury based preservative thiomersal used in some vaccines can cause autism has been rejected by the US Court of Federal Claims as “scientifically unsupportable.”

The rulings in three test cases deal a blow to the third of three theories put forward by parents to link their children’s autism to vaccines.

Last year the court ruled against claims that the measles, mumps, and rubella (MMR) vaccine, which has never contained thiomersal, in combination with vaccines such as that for diphtheria, pertussis, and tetanus (DPT), which did contain the preservative, causes autism. A separate claim—that the MMR vaccine itself causes the disorder—was withdrawn by parents.

More than 5300 parents of children with autism or related disorders have filed claims with the so called vaccine court (part of the Court of Federal Claims), which was set up in 1986 with funding from the drug industry to provide no-fault compensation for the rare cases where a child is harmed by a vaccine.

The wave of claims followed media coverage of comments by the UK gastroenterologist Andrew Wakefield linking autism, bowel disease, and the MMR vaccine. Dr Wakefield’s paper in the *Lancet* was retracted this year after the General Medical Council found him guilty of dishonesty and irresponsibility (*BMJ* 2010;340:c593).

In the latest rulings the vaccine court rejected three test cases arguing that thiomersal was to blame for causing a child’s autism. Last year’s decision has been appealed to the US Court of Appeals, where the latest rulings could also go.

The three decisions last week, each delivered by a different special master, all reached the conclusion that the scientific evidence did not support a causal link between thiomersal and autism.

The ruling on the case of William Mead, an 11 year old boy from Oregon, said that his parents had not “presented a scientifically sound theory” as to how the vaccines could have caused their son’s regressive autism and that their theory of vaccine related causation was “scientifically unsupportable.”

See [www.uscfc.uscourts.gov/node/5026](http://www.uscfc.uscourts.gov/node/5026).

Cite this as: *BMJ* 2010;340:c1518



AARON FRANCIS/NEWSPIX

Graeme Peterson (centre) leaves court with his wife, Julia, and his lawyer Peter Gordon (right)

## Australian court finds Vioxx increased risk of heart attack

Ray Moynihan **BYRON BAY, AUSTRALIA**

A court in Melbourne has ruled that the anti-arthritis drug rofecoxib (Vioxx) increased the risk of heart attack, while finding that the Australian subsidiary of its manufacturer engaged in negligent and misleading behaviour.

In a class action judgment delivered earlier this month, the federal court judge Christopher Jessup found that rofecoxib contributed to the heart attack of plaintiff Graeme Peterson.

The judge ruled that Merck Sharp & Dohme “fell short” of what was required in the reasonable discharge of its “duty of care” by failing to warn Mr Peterson’s doctor of the drug’s potential cardiac risk and because sales representatives overemphasised its safety.

He also ruled that the drug was not of “merchantable

quality” and that, because “Vioxx involved about a doubling of the risk of heart attack, it was not reasonably fit for the purpose of being used for the relief of arthritic pain” ([www.austlii.edu.au/au/cases/cth/FCA/2010/180.html](http://www.austlii.edu.au/au/cases/cth/FCA/2010/180.html)).

The class action by at least 600 other Australians is now set to proceed, although the manufacturer has announced that it will appeal the judge’s decision.

The drug was withdrawn from the market in 2004 after mounting scientific evidence of cardiac risks. Merck later settled legal suits in the United States for a total of almost \$5bn (£3.3bn; €3.7bn), though without admitting causation or fault.

The lead lawyer for the plaintiffs, Peter Gordon, told the *BMJ* that the Australian court’s judgment will have “enormous global ramifications,” including

in the United Kingdom.

“The activities which the judge found to be negligent and misleading were engaged in by the Merck group in an identical way around the world,” said Mr Gordon.

However, a Merck spokesperson told the *BMJ* it was acting responsibly by defending each case individually and said that the judge’s findings on marketing relate specifically to the case of Graeme Peterson, not generally to its marketing activities in Australia or beyond.

The company’s website also states that although the court made a number of adverse findings against Merck’s Australian subsidiary, the judge dismissed claims against the parent company, specifically finding that it was “not negligent in its development, scientific study, and sale of Vioxx.”

Cite this as: *BMJ* 2010;340:c1485

## IN BRIEF

**Ailments that can be treated at home cost NHS £2bn a year:** The advocacy group Self Care Campaign is calling for all UK political parties to help people gain confidence in treating minor ailments such as dermatitis, indigestion, and back pain. Problems that can be treated at home account for a fifth of GPs' workload, or 57 million consultations, and cost the NHS £2bn (€2.2bn; \$3bn) every year.

**Providing emergency contraceptive in advance doesn't reduce pregnancy rate:** Women who were given emergency contraceptive pills in advance of when they might need them had the same rate of pregnancy as women who didn't have the pills at home, a new Cochrane review has found (doi:10.1002/14651858.CD005497.pub2). This was despite the fact that women who had the pills in advance were more likely to use them and started treatment 13 hours sooner.

**Groups call for review of laws on advertising drugs directly to consumers:** A group of 29 organisations says that proposals on direct to consumer information from drug companies, currently going through the legislative process at the European parliament, are of no value to European citizens. The group is calling on the European commissioner for health and consumer protection to reconsider the proposals.

**Death rate falls in Spain:** Mortality in Spain fell by 1.3% in 2008, says the Spanish National Statistics Institute. An important contributor was a 20% fall in the number of deaths from road traffic crashes. For the first time this number, 3081 in 2008, fell below the number of deaths from suicide (3421). Cardiovascular disease, cancer, and respiratory illness were the most important general causes of mortality (respectively 31%, 27%, and 11% of all deaths).

**Campaign steps up against female genital mutilation:** The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children and the Dutch Foundation Against Female Genital Mutilation (STM) have stepped up their campaign to eradicate female genital mutilation by lobbying member nations of the United Nations' Human Rights Council and the World Health Organization. Three million girls are at risk of being mutilated every year. Sixteen African nations have legislated to ban the practice.

Cite this as: *BMJ* 2010;340:c1499

# German professor gets three year sentence for corruption

**Annette Tuffs** HEIDELBERG

The transplant and cancer surgeon Christoph Broelsch, from Essen University Hospital, was sentenced to three years in prison by the district court in Düsseldorf last Friday.

The surgeon, aged 65, was convicted for corruption in 30 cases, fraud in eight cases, coercion in three, and fiscal fraud in two. A probation period is not possible; he will lose his state pension and will probably go to an open prison.

He had pleaded not guilty, and his lawyer has not yet announced whether he will appeal. The district attorney had asked for a four year sentence. Professor Broelsch might also lose his licence to practise medicine.

Professor Broelsch is an internationally



**Transplant surgeon Christoph Broelsch said the patients' payments were "donations"**

renowned transplant surgeon and was the first to introduce transplantation of a liver segment from a living donor, in Chicago in 1989. In Germany he held prestigious chairs in surgery in Hamburg and Essen. He was the personal doctor and a close friend of the former German president Johannes Rau.

In May 2007 he was publicly accused by the relative of a patient with liver cancer of having asked for money to bring forward the date of an operation. Professor Broelsch said that the payments

were voluntary donations (*BMJ* 2007;335:793).

Police then began an investigation into whether such offers had been made to other patients and found many more cases between 2002 and 2007. Professor Broelsch was consequently suspended

## Dublin hospital has backlog of 3500 unopened letters and 58 000 unreported radiographs

**Muiris Houston** GALWAY

A major Dublin teaching hospital has admitted to having a backlog of several thousand unopened referral letters from GPs and that it has built up some 58 000 unreported x ray pictures in its adult radiology department.

The issue has led to calls for the resignation of the Irish health minister and the board of Tallaght Hospital, which provides services to patients in the west and southwest of the city.

The hospital has strong links with Trinity College Dublin and serves as a teaching centre for a range of undergraduate health professional courses, including the school of medicine.

The problem was initially flagged by Tom O'Dowd, professor of primary care and public health at the university, and a local GP. He became concerned when a number of referral letters were "lost" in the hospital, despite him using different methods of delivering the letters.

As a result, he said that a hospital manager informed him that "two years of referral letters" had not been opened or reached the consultant to whom they were addressed. Professor

O'Dowd then wrote to the chairman of Tallaght Hospital in April 2009, specifying concerns about a backlog of radiographs and referral letters; however, he never received a response. The chairman, Lyndon McCann, has said the professor's letter never reached him.

Professor O'Dowd then contacted the Health Information and Quality Authority, which began an investigation. It was initially told the radiology problem was confined to a small number of unreported orthopaedic radiographs; however, it has now emerged that some 58 000 radiographs of adult patients, carried out between 2005 and 2009, had been left unreported by consultant radiologists.

Tallaght Hospital's chief executive has confirmed that so far it has identified two patients whose diagnosis was delayed as a result; one of these people has since died.

Last week the hospital said that, as of last October, it had a backlog of 3498 unopened GP referral letters. This has caused particular unrest among doctors concerned about the implications of the backlog for patient safety, while the



from his post by the rector of Essen University (*BMJ* 2008;337:a2574).

In the trial, relatives came forward to describe how Professor Broelsch had pressed them into making donations if he gave them an early date for their relative's operation and for him to carry it out. The money, "donations" from €2000 (£1800; \$2750) up to €15 000, totalling about €150 000, went to a special account for financing research, hospital equipment, and travel costs, not for his private use.

The Düsseldorf judge, Wolfgang Schmidt, said that Professor Broelsch's behaviour was "absolutely unbearable." He was an outstanding doctor who was looking after his patients but was also driven by commercial interests. The professor, who expressed no remorse throughout the six month trial, said, "I first treat the rich, then politicians, followed by privately insured patients, and last the patients with state insurance status."

In eight cases he charged extra payments for private personal treatment by himself but was not present at the operations, as documents showed. Many sympathetic former patients have protested against the conviction of a doctor they admired who had saved many lives.

Cite this as: *BMJ* 2010;340:c1488



The backlog at Tallaght hospital, Dublin (above), was uncovered when a GP became worried about "lost" referral letters

minister for health, Mary Harney, has said, "It is completely unacceptable that referral letters from GPs could remain unopened."

However, she was on an official visit to New Zealand when the controversy broke and was not present to defend herself during two days of heated exchanges between MPs in the Dáil (parliament).

An investigation is now under way under an independent chairman. Hospital sources have argued for the inquiry to be independent of the Health Service Executive, which funds acute hospitals in Ireland and which has been accused of leaving Tallaght short of radiologists for the amount of work coming through its adult radiology department.

The executive has challenged this assertion and maintains that the board of the voluntary hospital is responsible for services there.

Cite this as: *BMJ* 2010;340:c1496

## Surgeon who removed most of baby's bladder is allowed to practise

Clare Dyer *BMJ*

A consultant paediatric surgeon who mistakenly removed 90% of a 7 week old baby girl's bladder during a hernia operation has avoided being struck off the medical register.

The General Medical Council found that Pierina Kapur's fitness to practise was impaired because of her misconduct during and after the operation at Manchester Children's Hospital, but it allowed her to continue to practise under conditions.

Catherine Cundy, from the GMC, told the fitness to practise panel that Miss Kapur's removal of most of the baby's bladder was a "catastrophic event" that had resulted in irreparable damage and that her postoperative management of the baby was "seriously substandard."

The surgeon, aged 43, was supposed to remove a left inguinal hernial sac, but after mistaking the baby's anatomy and dissecting out 90% of the bladder, she sutured the remnant closed, closing off the urethra and obstructing the right ureter. She caused damage to both ureters, severed the left ureter from the bladder, and caused irreparable damage to the lower urinary tract.

When reviewing the baby the next day, she failed to arrange an ultrasound scan, even though the baby had not passed urine for more than 24 hours, was not feeding properly, and had a fluctuating temperature. The mistakes were discovered only during an emergency operation after her condition deteriorated.



The GMC imposed 10 conditions under which Pierina Kapur must practise for 12 months

The girl, now 18 months old, will have to use a catheter for life as a result of the botched operation and faces further surgery.

The fitness to practise panel told Miss Kapur it took the view that patients should not be deprived of her services.

It imposed 10 conditions on her registration for a period of 12 months, including a provision that she must not undertake a hernia operation unsupervised until the medical director of her employing trust deemed that she was safe to do so. She was also barred from working outside the NHS and was required to agree to the appointment of a workplace reporter approved by the GMC.

The panel's chair, Linda Buchanan, told Miss Kapur, "The panel is of the opinion that you have shown good insight regarding the events in October 2008 and also that you have displayed a good level of motivation to return to practice."

Cite this as: *BMJ* 2010;340:c1445

## People with rare diseases need better care, says chief medical officer

Jacqui Wise *LONDON*

The chief medical officer for England has called for a national clinical director for rare diseases to be appointed and for the network of reference centres for rare diseases to be strengthened.

A disease is considered rare when it affects fewer than five in every 10 000 people. There are more than 6000 rare diseases, and around three million people in England are affected by them, his annual report for 2009 says.

Speaking at the report's launch, Liam Donaldson said, "Services for those with rare diseases are fragmented and often poorly coordinated. While there have been significant improvements in diagnosing and treating

children with rare diseases, the same is not true for adults. A particular problem is the transition from children's care to adult services, which is often difficult."

Professor Donaldson said that many people with rare diseases do not have access to specialist services and called for more specialists. He also called for more research to develop and market treatments for rare diseases. In the United Kingdom around £3.6m (€4m; \$5.4m) was spent on research into rare diseases in 2008-9, whereas £370m was spent on cancer, which affects about two million people.

The report is at [www.dh.gov.uk/cmo](http://www.dh.gov.uk/cmo).

Cite this as: *BMJ* 2010;340:c1506

## Italy sets up palliative care service after MPs vote in new law

Fabio Turone MILAN

Managing pain will be easier for Italian doctors after a long awaited law on palliative care was unanimously approved by the Italian parliament last week.

The new law, hailed by doctors and patients' associations as an important milestone, creates two national networks—one for treatment of pain and one for palliative care—with the aim of ensuring that patients all over the country, including children, get the same levels of care.

Surveys show that Italy lags behind many other countries in palliative care. Consumption of opiates per person is still among the lowest in Europe. Terminally ill patients often receive adequate pain care only very late.

The new law makes it easier for doctors to prescribe strong painkillers, such as opiates.

"The simplification process started nine years ago," said Giovanni Zaninetta, president of the Italian Society for Palliative Care and head of the first Italian hospice, which was set up in 1987 in Brescia, northeastern Italy.

He said, "Until then we could only prescribe up to eight days of treatment, using a special prescription pad that was rather difficult to obtain. In 2001 the limit was raised to 30 days of treatment, with a simpler procedure but still involving a special pad. Now, at least for oral and transdermal formulations, doctors working for the national health service will simply use their usual prescription pad."

Cite this as: *BMJ* 2010;340:c1481



## Weight Watchers and McDonald's deal in NZ provokes anger

Melissa Sweet SYDNEY

In the first such deal in the world, McDonald's New Zealand has begun serving meals that are approved by Weight Watchers.

Both companies say their new partnership aims to promote healthier eating, but public health experts warn that it may have the opposite effect.

Mike Daube, president of the Public Health Association Australia, called the deal a "brilliant promotion for junk food," adding, "This is about giving a health halo to junk food. It shows atrocious judgment on the part of Weight Watchers."

Public health experts at the University of Sydney said they were concerned that the deal may be to the benefit of the companies' bottom lines rather than the health of the community.

The experts, Adrian Bauman, Lesley King, and Louise Baur, said in a joint statement: "The partnership with Weight Watchers could have a detrimental effect on the population's diet if the Weight Watchers cobranding brought more people into McDonald's, and the majority of these

consumed less healthy McDonald's choices."

However, the managing director of Weight Watchers Australasia, Joseph Saad, said that the early sales data for the meals approved by Weight Watchers meals did not support such concerns.

"After a week of operation it's exceeding our expectations, the sale of these meals," he said.

Under the deal, initiated by McDonald's, Weight Watchers would receive a fee only if sales objectives for its approved meals were met, he said.

Mr Saad said that it was too early to tell whether similar arrangements would be launched in other countries but that "if things go according to plan we'd be stupid not to roll it out."

The meals approved by Weight Watchers include the Filet-O-Fish and Chicken McNuggets, served with salad and water or a diet drink.

Mark Hawthorne, the managing director of McDonald's New Zealand, said that the company's switch to the healthier canola oil for cooking meant such items now contained 60% less saturated fat than they did six years ago.

"We've also introduced salads, high fibre tortilla wraps, seared chicken, [and] reduced sugar levels in buns and sodium levels in some dipping sauces," he said in a statement.

The deal has revived interest in a similar one struck in Australia in 2007 between McDonald's and the National Heart Foundation, under which certain menu items received the foundation's tick of approval (*BMJ* 2007;334:499). Although this arrangement was widely criticised in its early days, its merits in influencing the food supply were now evident, the foundation's chief executive officer, Lyn Roberts, told the *BMJ*. She said that the deal had led to 460 tonnes of trans fat and 3300 tonnes of saturated fat being removed from the Australian food supply in a year.

Cite this as: *BMJ* 2010;340:c1495

## European court rules minimum cigarette prices illegal

Rory Watson BRUSSELS

It is illegal for European governments to impose minimum retail prices on cigarettes as a deterrent against smoking, the European Court of Justice has ruled. However, the Luxembourg based judges confirmed that it is quite legitimate to impose heavy taxes on tobacco products to discourage consumption.

The ruling came in cases the European Commission had brought against France, Austria, and Ireland, all of which have imposed minimum prices on cigarettes, expressed as a percentage of the average prices of the manufactured tobacco.

The commission had argued that the practice undermined the ability of cigarette manufacturers and importers to determine the maximum retail price of their products and so violated the

European Union's principle of fair competition.

The court agreed, saying that the existence of a minimum price prevented companies from setting their maximum selling price below that level and so prevented them from taking advantage of lower costs to offer cheaper cigarettes.

Although the judges ruled that the practice of imposing minimum prices was illegal under 14 year old European legislation on the taxation of manufactured tobacco, they noted that taxation could be used to increase cigarette prices and protect health. Fiscal legislation, they said, "is an important and effective instrument for discouraging consumption of tobacco products and, therefore, for the protection of public health."

They also concluded that the ruling did not prevent governments from prohibiting the sale of

cigarettes at a loss, so long as companies were free to determine their maximum selling price.

The UK based campaigning public health charity Action on Smoking and Health welcomed the European judgment. "We fully support the ruling. We favour high prices to reduce consumption and believe the appropriate way to do that is by taxation," a spokeswoman said.

"We would encourage all governments in the European Union to increase taxes on cigarettes. They are a useful source of income and help to deter people from smoking," she added.

In the UK, which along with Ireland has one of the highest excise rates on tobacco, taxes account for some three quarters of the price of a packet of cigarettes.

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☆ BMJ GROUP AWARDS ☆ BMJ GROUP AWARDS ☆ BMJ GROUP AWARDS ☆ BMJ GROUP AWARDS ☆

# BMJ Group Awards honour courage, vision, determination, and insight in medicine



JOHN STONE

Writer and comedian Tony Hawks compered the evening at the Hilton, Park Lane

More than 600 people gathered in a London hotel last week to hear the names of the winners selected by judging panels or chosen by *BMJ* readers



## Winners of the BMJ Group Awards

**Research Paper of the Year:** Melba Gomes, for the Study 13 Research Group, for “Pre-referral rectal artesunate to prevent death and disability in severe malaria: a placebo-controlled trial” (*Lancet* 2009;373:557-66)

**Getting Research into Practice:** Kevin Volpp and his team at the Leonard Davis Institute of Health Economics Centre for Health Incentives, University of Pennsylvania.

**Primary Care Team of the Year:** Lonsdale Medical Centre, London

**Secondary Care Team of the Year:** Emergency Medical Retrieval Service, Glasgow

**Junior Doctor of the Year:** Evan Wood, internal medicine resident, University of British Columbia, Vancouver

**Excellence in Healthcare Education:** Pip Hardy and Tony Sumner, directors of Pilgrim Projects, Cambridge, for the Patient Voices programme

**Best Quality Improvement:** Society for Cardiothoracic Surgery in Great Britain and Ireland, London, for its work on collecting and publishing outcome data

**Clinical Leadership:** Adrian Hopper, associate medical director, and Mark Kinirons, clinical lead for patient and drug safety, Guy's and St Thomas' NHS Foundation Trust, London

**Corporate Social Responsibility:** St Michael's Hospital, Toronto, for its Greening Initiative

**Health Communicator of the Year:** Sarah Boseley, health editor, the *Guardian*, London

**BMJ Group Award for Lifetime Achievement:** Marleen Temmerman, professor of obstetrics and gynaecology, University of Ghent, and Belgian senator

## Nigel Hawkes LONDON

Health care wears many faces, and most of them were on display at the second annual BMJ Group Awards presentations at the Hilton on Park Lane on 10 March. From clinical choices to patients' voices, the awards seek to celebrate all that is best in the world of medicine.

This year's were bigger in all respects than the inaugural event in 2009: more entries, a huge vote of 40 000 *BMJ* readers for the Lifetime Achievement Award, and a larger venue to satisfy the demand for tickets. The common factor among the winners, diverse as they were, was leadership. They had all led in championing new ideas—in the laboratory, the clinic, the hospital, in education, communication and primary care, and in spreading those ideas more equitably across the world.

Fiona Godlee, the *BMJ*'s editor, introduced the awards by expressing her delight at the quantity and quality of nominations—700 doctors or teams had been nominated for 11 awards. Professor Gordon Dickson, chief executive officer and secretary of the principal sponsor, MDDUS (the Medical and Dental Defence Union of Scotland), said it was a night for celebration for everybody who worked every day in health care. His organisation's sponsorship of the awards, he suggested modestly, might go some way to dispel the myth of the mean Scot.

The writer and comedian Tony Hawks was the comperè for the evening, remarking that he had once won an award himself. “I won junior

musician of the year” he said. “It wasn't such good news. He was a very irritating 9 year old cellist.”

The first category, Research Paper of the Year, went to researchers from the World Health Organization, led by Dr Melba Gomes, for a paper published in the *Lancet* showing that children with severe malaria unable to take oral treatment could be saved by the use of artesunate suppositories. Among those unable to get to a clinic for parenteral treatment within six hours, the rectal treatment halved the risk of death or permanent disability.

She said that the paper had represented 10 years' work by many people, including field researchers who had conducted a three country trial involving 18 000 children.

“The results reinforce the idea that treating sick children early in their communities can save life and prevent the serious neurological damage that can follow severe or cerebral malaria. If the trial contributes to rectal artesunate being granted regulatory approval, this would make a major contribution to health care, especially in remote areas where people who are desperately sick with malaria are unable to reach hospital,” said Dr Gomes.

Dr Kevin Volpp and his team at the Leonard Davis Institute of Health Economics at the University of Pennsylvania won the award for Getting Research into Practice for a novel scheme in which employees of General Electric were offered financial rewards for giving up smoking.



From top: Dr Adrian Hopper and Dr Mark Kinirons, Guy's and St Thomas' Hospital, London; Ron Saporta from St Michael's Hospital, Canada; Dr Evan Wood, Canada; Dr David Asch, representing Dr Kevin Volpp, US; Sarah Boseley from the *Guardian*, London; and the team from Pilgrim Projects, Cambridge

They got \$100 (£66; €73) for completing a smoking cessation programme, another \$250 for quitting for six months, and another \$400 for a further six months' abstinence. The programme tripled the quit rate from 3% to 9% over 15-18 months and is now to be implemented for all 152 000 General Electric employees.

Dr Volpp could not get to the awards ceremony, so the award was accepted by colleague Dr David Asch. He said, "Kevin created a very diverse team and raised funding from the US Centers for Disease Control to tackle the senseless injury and death that smoking causes. We're tremendously honoured to win the award."

The Primary Care Team of the Year is the Lonsdale Practice in Kilburn, north west London, for tackling depression among teenagers with a new approach that uses routine consultations, usually for physical problems, to screen for emotional distress. The technique uses established diagnostic procedures adapted for a 10 minute GP consultation.

Dr Lisa Miller, executive partner at the practice, said: "We are really honoured and quite surprised. Teenage depression need no longer be hiding in the shadows. If we can spread it nationally, teenagers will no longer need to be depressed."

Rural Scotland was the setting in which the winners of the Secondary Team of the Year launched their award winning service. Begun in 2004 by a group of consultants without funding, the Emergency Medical Retrieval Service (EMRS) aims to transform the care of injured or gravely ill patients in remote areas.

In 2008 the Scottish Health Department provided funding for an 18 month pilot, which concluded that the service saves 24 lives a year along Scotland's west coast. Dr Stephen Hearn, lead consultant for EMRS, said, "Previously, patients with critical illness in remote and rural areas had less access to specialists in intensive care and emergency medicine. With EMRS they now have a much better chance of surviving and have equal access to critical care specialists."

"Last week the Scottish government announced funding of £2m a year to maintain and extend the service. This award is the icing on the cake."

Junior doctors are often medicine's load carriers, their achievements unrecognised. Not so for the winner of the Junior Doctor of the Year, Dr Evan Wood, a Canadian doctor who works at the University of British Columbia and the British Columbia Centre for Excellence in HIV/



AIDS. In particular, he has focused efforts on HIV in injecting drug users, a group he says are often the butt of "knee jerk" reactions blaming them for their misfortune.

"I am glad that this award gives recognition to the discordance between the size of the problem and the response it has received," he said. "I hope we can use it to draw greater attention to the problems of drugs and the need for scientific approaches to address them."

**"If the trial contributes to rectal artesunate being granted regulatory approval, this would make a major contribution to health care, especially in remote areas where people who are desperately sick with malaria are unable to reach hospital"**

Pilgrim Projects, based in Cambridge, has harnessed the internet to provide a platform for patients to tell their own stories accompanied by short video clips, still images, and music. Patient Voices now has 300 stories uploaded and gets a million hits a year. It was the winner of the Excellence in Healthcare Education award.

Pip Hardy, who set up Pilgrim Projects with Tony Sumner in 2003, said, "We've tried to bring more humanity to health care. We hope the stories will touch your hearts as they have touched ours. Statistics are not the be-all and end-all of medicine, and the stories tell how the person experiences the system, not how the system experiences the individual."

The Society for Cardiothoracic Surgery in Great Britain and Northern Ireland won the Best Quality Improvement award for publishing surgical data on mortality rates. Mr Leslie Hamilton, president of the society, said the award recognised the courage of all 270 surgeons involved in being willing to disclose their results to the public.

There had been a steady decline in the death



rate from cardiac operations, and he hoped the award would encourage other specialties to follow suit.

Drs Adrian Hopper and Mark Kinirons, of Guy's and St Thomas' NHS Foundation Trust in London, won the Clinical Leadership award for their work in improving patient safety, reducing length of stay, and mortality.

Dr Kinirons said, "This award gives a quality assurance to our work and will enable us to lever more change. Winning this enables us to help other acute trusts by emulating our learning and transforming it locally as they can."

The impact that health organisations can have on the environment provided inspiration for changes at St Michael's Hospital in Toronto, Canada, that won it the award for Corporate Social Responsibility. Saving energy, recycling waste, and reducing water consumption, the Green Team at St Michael's has spared the environment and saved a lot of money.

Ron Saporta from St Michael's said, "We've done our best to show that environmental sustainability is important, not only in the back office but in the operating theatres and the wards. We're really honoured to be recognised."

Sarah Boseley, the health editor of the *Guardian*, was honoured as Health Communicator of the Year for a piece that investigated in a balanced and illuminating way the complex reasons why medicines—



even those costing pennies—often fail to reach those who need them in the developing world.

Ms Boseley said she had visited a village in Uganda and found it hard to believe that there were no drugs in the local health centre. "Why, I found, was very long and complex, and I'm grateful to all those who helped me, especially those in Uganda who were slightly nervous of media attention but spoke to me anyway," she said.

And so, finally, to the Lifetime Achievement award, with a long shortlist of 10 top achievers. The winner was Professor Marleen Temmerman, head of obstetrics and gynaecology at Ghent University in Belgium and, since 2007, a Belgian senator, whose career has been spent striving to improve the health of women both in her home country and in Kenya, where she spent many years.

She said the award was a tribute to the topic of reproductive health and women's rights. "We should be trying to fight injustice and inequality, challenges that are still unachieved," she said. "Maternal mortality in Africa has not improved in 10 years, it's still going the wrong way. We should use all out energy to fight against this injustice."

During the evening a collection for Médecins Sans Frontières for relief work in Chile and Haiti raised more than £4500, to be matched by an equal contribution from the BMJ Group.

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**From top: Bruce Keogh, Department of Health, and Leslie Hamilton, of the Society for Cardiothoracic Surgery; Professor Marleen Temmerman of Ghent University, Belgium; Dr Lisa Miller of Lonsdale Practice, London; and Dr Stephen Hearn of the EMRS, Scotland. Left: Dr Melba Gomes of WHO. Main picture: diners at the awards**

See photos from the BMJ Group Awards on doc2doc, BMJ's global online clinical community <http://tr.im/RWON>

### Sponsors

**Research Paper of the Year:** GlaxoSmithKline  
**Getting Research into Practice:** NHS Evidence  
**Primary Care Team of the Year:** RCGP General Practice Foundation

**Secondary Care Team:** MDDUS

**Junior Doctor:** ID Medical

**Excellence in Healthcare Education:** MSD

**Best Quality Improvement:** NHS Medical Directorate and the Health Foundation

**Clinical Leadership:** McKinsey & Company

**Corporate Social Responsibility:** HCL

**Health Communicator:** Alliance Boots

**Lifetime Achievement:** Bupa